

struck. The tour guide was telling me about their national system, and then we drove by the hospitals. They're right next to each other, the public hospital and the private hospital, and you could tell which was which visually. The private hospital looked like a hotel, a very inviting place. The public hospital, unfortunately, looked like a building that was somewhat dilapidated. And that's what just frightened me, two tiers of care. Now, this is a Latin American country. Some might call it a third world country. But nevertheless, that's what I saw, and I would never want to see that happen in America.

Mr. KIRK. If the gentleman would yield. What you heard tonight is focusing on positive outcomes, making sure we reform health care, less defensive medicine, deploy health information technology, health individual savings accounts.

We have spent far less time criticizing the President and far more time outlining a new positive agenda. But to close tonight, I'd like to turn to Dr. MURPHY, who's been more in the health care system than all of us, to finish us out.

Mr. TIM MURPHY of Pennsylvania. When I look at this, I want Americans and all of us to imagine a system that's based upon cures and based upon outcome, a system where doctors are in charge of your health care, not insurance companies, not the government. And I know that both sides of the aisle are deeply concerned about this. It is not that one side or the other wants insurance companies or the government to win. We all want patients to win, Democrats and Republicans alike. But we must have a system that's focused upon this, not that creates incentives because we're paying people so low to do more and more tests, not to promote more and more medical procedures, but to really focus on this outcome. We can do this through these things we're doing, the patient and doctor in charge. Don't create more barriers. Make sure we have all the efficiency there for quality. We can do those things. Imagine what can happen. Imagine the possibilities. And let's just not throw it out and say it's too difficult; let the government run it.

With that, I yield back to my colleague, Congressman DENT.

Mr. DENT. Just in conclusion, I just think we want to say a few things. I think in our health care system we certainly want our system to be focused on prevention, not maintenance. We want cures, not treatments. The system should be about doctors, not lawyers. We want patients to be treated like they want to be treated, like human beings. They want to be treated like people and not some number, something abstract. They want to be treated like a human being.

And so, because at the end of the day, we all want our loved ones to be cared for. You don't want them to have to wait. You don't want to see your moth-

er, like mine, who's 80 years old be told that she's contributed her whole life, relatively healthy, we don't want to tell her, I'm sorry, we're going to discard you now that you've reached a certain age. That's what we are concerned about.

So we're going to try to work, I think, in a bipartisan manner, try to work in a way that embraces a lot of ideas that we can all share. And short of a government takeover of our system, I think we can do that. We have the capacity to do it. The American people expect it of us, and I look forward to working with all my colleagues to come to that kind of result.

Mr. KIRK. I thank the gentleman, and we will be outlining a positive set of reforms that we think can attract tremendous bipartisan support this Tuesday, from the centrists.

Mr. PETRI. Mr. Speaker, today, President Obama is in my home state of Wisconsin conducting a town hall meeting to promote his health care agenda.

I know that the residents of my home state will tell him that they are struggling to keep up with the rising cost of their health care premiums, while others are simply unable to afford health care coverage.

Many people in my state have lost their jobs and fear that they won't be able to afford their children's medication or that an unforeseen illness will bankrupt them.

Some individuals who have insurance are simply staying in a job they don't like because their next job may not offer health care insurance.

Others who are happy with their insurance worry that any drastic reform will force them into a system that will limit their choice of doctor or access to medical treatment.

I agree with the President that it is time to fix the health care system in the United States so that all Americans, all my constituents, have access to quality affordable health care coverage.

However, I strongly believe that any reform that we consider in the House must be based on a few important principles.

First, it must give everyone access to quality and affordable health care.

All individuals should have the freedom to choose the health plan that best meets their needs.

Second, any reform should ensure a patient centered system.

Patients in consultation with their doctors should be in control of their health care decisions and not government bureaucrats or insurance agents.

If your child or parent is sick, you should have access to timely tests and treatments and not subject to waiting lists or treatment decisions dependent on anyone other than you and your doctor.

Third, our health care system must emphasize prevention and wellness.

Chronic diseases account for 75 percent of our nation's medical costs. By implementing programs focused on preventing such things as smoking and obesity-related diseases, we will not only save lives, but reduce health care costs.

And lastly, any reform needs to focus on getting rid of the waste, fraud and abuse that plagues our current system. Approximately

\$60 billion is lost due to fraud in the Medicare program alone. We can't afford to multiply that number through a government takeover of our entire health care system.

Our health care system needs to prioritize efficiency, transparency, and results.

I look forward to working with Members of both parties to ensure that these principles guide any legislation we will consider in the future.

#### GENERAL LEAVE

Mr. KIRK. Mr. Speaker, I would like to ask unanimous consent that Members have 5 legislative days in which to revise and extend their remarks on the subject of my Special Order.

The SPEAKER pro tempore (Mr. BRIGHT). Is there objection to the request of the gentleman from Illinois?

There was no objection.

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Pennsylvania (Ms. SCHWARTZ) is recognized for 60 minutes.

Ms. SCHWARTZ. Mr. Speaker, I rise this evening to begin what I hope will be a Special Order time with my colleagues. It's a little earlier than we thought, so we're going to see as they make their way to the floor. Hopefully they will be joining me.

But, as you know, there has been a great deal of discussion about health care reform. We just heard a Special Order now from my colleagues on the other side of the aisle talking about health care reform and some of their thoughts about it, and I think sometimes we focus very much on controversial issues and some of the difficult decisions we have to make as we move forward, and let me start with what we're trying to do on health care reform, on this.

What we want to talk about tonight is some of the very important work we want to do as we really meet the President's goals.

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He has laid out to us the goals for health care reform, and they are really threefold. They are to make sure that we contain costs. The fact is that our businesses have said to us that the high cost of health coverage, providing health benefits for their employees, has gone up almost double digits every year. And what that really means is that we have doubled the cost of health care benefits to our companies in the last 10 years. That's unsustainable for our businesses, whether they are small businesses that are trying to be economically competitive in their communities or very large businesses that are really functioning on the global marketplace and really competing with companies that are in countries where health care is not an individual employer's responsibility and where costs are more controlled. So we know it's